

We claim:

1. A method of doing one or both of collecting patient data from a source and presenting the patient data to a requestor comprising:
  - a) querying at least one data base for patient and provider-specific data,
  - b) determining the access status of the requestor;
  - b) selecting records that satisfy the query and are visible to a selected recipient,
  - c) presenting data to the recipient from one or more selected data fields in accordance with one or more objects or templates.
2. The method of claim 1 comprising the requestor requesting patient data from a browser through a web server.
3. The method of claim 2 comprising a recipient receiving the data through a web server on a web browser.
4. The method of claim 1 comprising presenting the selected data fields with one or more objects or templates in a form chosen from the group consisting of clinical records, treatment records, diagnoses, treatment plans, appointments, recalls, bills, patient payments and charges, insurance payments and charges,, no shows, greetings, prescriptions, referrals, and referral reports.
5. The method of claim 1 comprising presenting the data to the recipient in hard copy.
6. The method of claim 1 comprising presenting the data to the recipient electronically.
7. The method of claim 1 wherein the requestor is a provider and the recipient is a patient.
8. The method of claim 1 comprising determining access status of a requestor or source by matching an identifier and a password to values thereof stored in a repository.
9. The method of claim 8 wherein the requestor or source is a patient, and the patient further supplies elements of data in response to queries, which elements are matched against database entries to grant or deny access.
10. The method of claim 9 wherein the elements matched against database entries include one or more of birthdate, social security number, and identifying numbers.
11. The method of claim 10 comprising prompting the user for additional data until a match is established.
12. The method of claim 1 comprising accessing patient data through an intranet.

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13. The method of claim 1 wherein data within the database includes:
  - a) an array of blocks of time set aside for specific procedures, each of said procedures having a unique scheduling code, and
  - b) an array of patients requiring a procedure, each of said procedures having a scheduling code as specified in (a); andwherein a patient requiring a procedure schedules a block of time for the procedure by selecting a block of time having a scheduling code corresponding to the patient's scheduling code.
14. The method of claim 1 comprising a health provider receiving payment on behalf of a patient, posting payment information into patient accounts, tracking copayments and deductibles for a patient, and billing copayment and deductible balances to a patient.
15. The method of claim 14 comprising including an explanation of copayments and deductibles to the patient.
16. The method of claim 14 comprising grouping and aggregating deductibles and copayments by patient families.
17. The method of claim 16 comprising reporting deductibles and copayments grouped and aggregated by patient families to a family member.
18. A system for presenting patient data to a requester, said system comprising:
  - a) an open database connectivity module;
  - b) a data collector module;
  - c) at least one database server connected to said open database connectivity module; and
  - d) a web server connected to an application server, said application server connected to said open database connectivity module;said system controlled and configured to
  - a) query at least one data base through said open connectivity module for patient and provider-patient specific data,
  - b) determine the access status of the requestor;
  - c) select records that satisfy the query and are visible to the requestor,

d) present data from one or more selected data fields to a recipient in accordance with one or more objects or templates.

19. The system of claim 18 wherein the system is configured to receive requests for patient data over a web browser through a web server.
20. The system of claim 19 wherein the system is configured to deliver data through a web server on a web browser.
21. The system of claim 18 wherein the system includes objects, forms, templates, and applets, in at least one repository, and said system is configured to select at least one of said objects, forms, templates, and applets based upon the query and present the selected data fields with the one or more objects, forms, templates, and applets in a form chosen from the group consisting of clinical records, treatment records, diagnoses, treatment plans, appointments, recalls, bills, patient payments and charges, insurance payments and charges,, no shows, greetings, prescriptions, referrals, and referral reports.
22. The system of claim 18, wherein the system is configured to deliver hard copy data to the recipient.
23. The system of claim 18 wherein the system is configured to deliver electronic copy data to the recipient.
24. The system of claim 18 wherein the system is configured to receive queries from a provider and deliver output data to a patient.
- 25.. The system of claim 18 wherein the system is configured to determine access status of a requestor or source by matching an identifier and a password to values thereof stored in a repository.
26. The system of claim 25 wherein the requestor or source is a patient, and the patient further supplies elements of data in response to queries, which elements are matched against database entries to grant or deny access.
27. The system of claim 26 wherein the elements matched against database entries include one or more of birthdate, social security number, and identifying numbers.
28. The system of claim 27 wherein the system is configured to prompt the user for additional data until a match is established.
29. The system of claim 18 wherein the system is configured to access patient data through an intranet.

30. The system of claim 18 wherein data within the database includes:
- a) an array of blocks of time set aside for specific procedures, each of said procedures having a unique scheduling code, and
  - b) an array of patients requiring a procedure, each of said procedures having a scheduling code as specified in (a); and
- wherein the system is configured to facilitate a patient requiring a procedure to schedule a block of time for the procedure by selecting a block of time having a scheduling code corresponding to the patient's scheduling code.
31. The system of claim 18 wherein the system is configured to receive payment on behalf of a patient, post payment information into patient accounts, track copayments and deductibles for a patient, and bill copayment and deductible balances to a patient.
32. The system of claim 31 wherein the system is further configured to include an explanation of copayments and deductibles for the patient.
33. The system of claim 32 wherein the system is configured to group and aggregate deductibles and copayments by patient families.
34. The system of claim 33 wherein the system is configured to report deductibles and copayments grouped and aggregated by patient families to a family member.